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PTO/SB/05 (05-03)

Approved for use through 10/31/2002. OMB 0651-0032

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 2552-000058

First Inventor Morito Morishima

Title METHOD, PROGRAM AND SYSTEM FOR IMAGE DRAWING

Express Mail Label No. EL 623 312 731 US

22264 J.S.P.T.O. 10/7/1994



## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

## ADDRESS TO:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 32]  
(preferred arrangement set forth below)
  - Descriptive title of the invention ☒ Specification filed in English
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 10]
5. Oath or Declaration [Total Pages]
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

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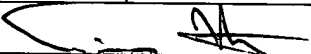
Signature

Date

November 14, 2003

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="margin: 5px 0 0 40px;"><i>Patent fees are subject to annual revision.</i></p>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	Herewith
		First Named Inventor	Morito Morishima
		Examiner Name	
		Art Unit	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 856		Attorney Docket No.	2552-000058

<b>METHOD OF PAYMENT (check all that apply)</b>					<b>FEE CALCULATION (continued)</b>					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order  <input type="checkbox"/> Deposit Account:  Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">08-0750</span>  Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Harness, Dickey &amp; Pierce, P.L.C.</span>  <b>The Director is authorized to: (check all that apply)</b> <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> to the above-identified deposit account.					<b>3. ADDITIONAL FEES</b>					
					<b>Large Entity      Small Entity</b>					
<b>1. BASIC FILING FEE</b>					Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Large Entity      Small Entity										
Fee Code   Fee (\$)										
Fee Code   Fee (\$)										
Fee Description										
Fee Paid										
1001   770   2001   385   Utility filing fee										
1002   340   2002   170   Design filing fee										
1003   530   2003   265   Plant filing fee										
1004   770   2004   385   Reissue filing fee										
1005   160   2005   80   Provisional filing fee										
<b>SUBTOTAL (1)</b>										
(\$ ) 770										
<b>2. EXTRA CLAIM FEES</b>										
Total Claims   5   -20 **   =   0   X   Fee from below   =   0										
Independent Claims   4   -3 **   =   1   X   86   =   86										
Multiple Dependent   X   =   0										
Large Entity      Small Entity										
Fee Code   Fee (\$)										
Fee Code   Fee (\$)										
Fee Description										
1202   18   2202   9   Claims in excess of 20										
1201   86   2201   43   Independent claims in excess of 3										
1203   290   2203   145   Multiple dependent claim, if not paid										
1204   86   2204   43   ** Reissue independent claims over original patent										
1205   18   2205   9   ** Reissue claims in excess of 20 and over original patent										
<b>SUBTOTAL (2)</b>										
(\$ ) 86										
**or number previously paid, if greater; For Reissues, see above										
Other fee (specify) _____										
<b>SUBTOTAL (3)</b>										
(\$ ) 0										

<b>SUBMITTED BY</b>					<b>Complete (if applicable)</b>	
Name (Print/Type)	Timothy D. MacIntyre	Registration No. Attorney/Agent	42,824	Telephone	(248) 641-1600	
Signature				Date	November 14, 2003	

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